

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

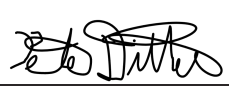
See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>Desiree Hollis</b>		COURT CASE NUMBER <b>21-cv-1956</b>
DEFENDANT <b>City of Chicago, CPD Officer Roy Boffo (star # unknown)</b>		TYPE OF PROCESS <b>Summons + Amended Complaint</b>
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Chicago Police Officer Roy Boffo (#Star Unknown)</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Department of Police 3510 South Michigan Avenue Chicago, Illinois 60653</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 <b>1</b>
<b>Daniel Massoglia and Ashley Rodriguez</b> <b>First Defense Legal Aid</b> <b>601 S. California Ave</b> <b>Chicago, IL 60612</b>		Number of parties to be served in this case <b>1</b>
		Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		

**Business hours availability likely, CPD civil process/legal affairs desk**

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>336 575 6968</b>	DATE <b>9-14-21</b>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1/1</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>PTD</b>	Date <b>9-14-21</b>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <b>09/15/2021</b>	Time <b>1023</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy 	
Service Fee <b>65.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <b>65.00</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS 09/14 emailed waiver

09/15 Per Chicago Police Department they had previously received the S/C on 04/30 and had previously accepted for Officer Boeriu (Badge #2745).

**FILED**  
**9/15/2021**  
**JJ**  
**THOMAS G. BRUTON**  
**CLERK, U.S. DISTRICT COURT**